



UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

MAY 27 1982

Robert A. Girman, Manager  
McKesson Chemical Company  
26601 Richmond Road

Bedford Heights, Ohio 44146

RE: Interim Status Acknowledgement

USEPA ID No. OHD071107791

FACILITY NAME: McKesson Chemical Company

Dear Mr. Girman:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: J.P. Hope, Regional Vice President

*Handwritten:* 5/25/82

*Handwritten:* DJB 5/26/82

## EPA ID NUMBER

0HD071107791

FOREMOST MCKESSON CHEMICAL CO

FOREMOST MCKESSON CHEMICAL CO

26601. RICHMOND ROAD  
BEDFORD HEIGHTS

OH 14146

## DESIGN CAPACITY

## UNIT OF MEASURE

6600.00000

G

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
<b>STORAGE:</b>				
-----				
CONTAINER	S01	G or L	GALLONS	G
TANK	S02	G or L	LITERS	L
WASTE PILE	S03	Y or C	CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G or L	CUBIC METERS	C
DISPOSAL:			GALLONS PER DAY	U
-----			LITERS PER DAY	V
INJECTION WELL	D79	G, L, U, or V	TONS PER HOUR	D
LANDFILL	D80	A or F	METRIC TONS/HOUR	W
LAND APPLICATION	D81	B or Q	GALLONS/HOUR	E
OCEAN DISPOSAL	D82	U or V	LITERS/HOUR	H
SURFACE IMPOUNDMENT	D83	G or L	ACRE-Feet	A
TREATMENT:			HECTARE-METER	F
-----			ACRES	B
TANK	T01	U or V	HECTARES	Q
SURFACE IMPOUNDMENT	T02	U or V	POUNDS/HOUR	J
INCINERATOR	T03	D, W, E, or H	KILOGRAMS/HOUR	R
OTHER	T04	U, V, J, R, N, or S	TONS PER DAY	N
			METRIC TONS/DAY	S





Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

### Comments

[illegible]

V	A	N		W	A	T	E	R	S		&		R	O	G	E	R	S	--	C	L	V	D		B	E	D	F	O
---	---	---	--	---	---	---	---	---	---	--	---	--	---	---	---	---	---	---	----	---	---	---	---	--	---	---	---	---	---

## Street or P.O. Box

[illegible]

## Street or Route Number

Street or Route Number															City or Town		State		ZIP Code								
C 5	2	6	6	0	1		R	i	c	h	m	o	n	d		R	o	a	d								
C 6	B	e	d	f	o	r	d		H	e	i	g	h	t	s						O	H	4	4	1	4	6

## Name and Title (last, first, and job title)

C	M	O	L	L		C	L	I	F	F		M	G	R.			2	1	6	2	9	2	7	5	0	
---	---	---	---	---	--	---	---	---	---	---	--	---	---	----	--	--	---	---	---	---	---	---	---	---	---	--

A. Name of Installation's Legal Owner

C	D	S	W,	I	N	C.					To be a subsidiary of Univar Corporation	P
---	---	---	----	---	---	----	--	--	--	--	---------------------------------------------	---

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity	B. Used Oil Fuel Activities
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel <i>(enter 'X' and mark appropriate boxes below)</i>
<input checked="" type="checkbox"/> 2. Transporter	<input type="checkbox"/> a. Generator Marketing to Burner
<input checked="" type="checkbox"/> 3. Treater/Storer/Disposer	<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> 4. Underground Injection	<input type="checkbox"/> c. Burner
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel <i>(enter 'X' and mark appropriate boxes below)</i>	<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer <i>(for On site Burner)</i> Who First Claims the Oil Meets the Specification
<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> c. Burner	

**VII. Waste Fuel Burning: Type of Combustion Device** (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler      ☐ B. Industrial Boiler      ☐ C. Industrial Furnace

**VIII. Mode of Transportation** (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air    ☐ B. Rail    ☒ C. Highway    ☐ D. Water    ☐ E. Other (specify)

## IX. First or Subsequent Notification

**IX. First or Subsequent Notification**

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification    ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number										
O	H	D	0	7	1	1	0	7	7	9

ID — For Official Use Only																
C															T/A	C
W																1

# X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 0 0 2	U 2 2 6	U 1 2 2	U 2 2 8	U 1 5 4	U 1 5 9
37	38	39	40	41	42
U 2 1 0	U 2 2 0	U 2 3 9			
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☒ 2. Corrosive  
(D002)

☐ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

## XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

*Mark Hooper*

Name and Official Title (type or print)

MARK HOOPER, PRESIDENT

Date Signed

SEPT. 22, 1986



A



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OHD071107791

REACKNOWLEDGEMENT

MCKESSON CHEMICAL COMPANY  
26601 RICHMOND ROAD  
BEDFORD HEIGHTS

OH 14146

INSTALLATION ADDRESS

26601 RICHMOND ROAD  
BEDFORD HEIGHTS

OH 14146



Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016  
GSA No. 0246-EPA-OT



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.  
I. NAME OF INSTALLATION  
II. INSTALLATION MAILING ADDRESS  
III. LOCATION OF INSTALLATION

0hd071107791

Add Trans., Hgny.

Add Waste Codes: F001, F003, F005

PLEASE PLACE LABEL IN THIS SPACE

001141 AUG 18 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

FOHD07110779121 A 560818

I. NAME OF INSTALLATION

McKesson Chemical Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

26601 Richmond Road

CITY OR TOWN

Bedford Heights

ST.

ZIP CODE

OH 44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

26601 Richmond Road

CITY OR TOWN

Bedford Heights

ST.

ZIP CODE

OH 44146

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

Girman Robert A Manager

PHONE NO. (area code & no.)

216-292-7500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Foremost McKesson Inc.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☒ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

AUG 18 1980

C. INSTALLATION'S EPA I.D. NO.

0hd071107791

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY

5	W	0	H	0	7	1	1	0	7	7	9	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14

**IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. See attachment.

31	32	33	34	35	36
U 0 0 2	U 2 2 6	U 1 2 2	U 2 2 8	U 1 5 4	U 1 5 9
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U 2 1 0	U 2 2 0	U 2 3 9			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

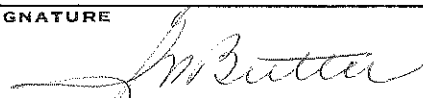
☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)

**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

G. N. Butter, Technical Director  
McKesson Chemical Company

DATE SIGNED

8-14-80

ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

Add Trans., Hgury.  
Add Waste Codes: F001, F003, F005

3-6-81 80

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F04D071107791

T/A C  
1

I. NAME OF INSTALLATION

McKesson Chemical Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

326601 Richmond Road

CITY OR TOWN

Bedford Heights

ST.

OH

ZIP CODE

44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

326601 Richmond Road

CITY OR TOWN

Bedford Heights

ST.

OH

ZIP CODE

44146

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

Girman Robert A Manager

PHONE NO. (area code &amp; no.)

216-292-7500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

Foremost McKesson Inc.

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)F = FEDERAL  
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

OHD071107791

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. See Attachment

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 4. TOXIC  
{D000}

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED

4-0-80

*RADS*

McKesson Chemical Company

Foremost-McKesson  
Chemical Group  
Eastern Region  
136 Summit Avenue  
Montvale, NJ 07645  
201 573 9480



March 8, 1981

USEPA Region V  
230 South Dearborn Street  
Chicago, Illinois 60604

Gentlemen:

On November 18 we filed with your office a modified Notification of Hazardous Waste Activity for our facility in Bedford Heights (Cleveland) OH, extending our original registration to include a storage facility. The second Notification acknowledged certain items of information were missing, and we now include these: facility drawing, photographs, geographical location.

We appreciate your acceptance of our delay, and continue to stand ready to meet your requirements.

Our responsible contact at the facility continues to be R. A. Girman.

Please change our telephone number under VIII-D to (415) 983-8300.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black  
Regional Operations/Safety Manager

DMB:jh

cc: J. P. Hobe  
L. R. Vilotti

FOREMOST  
McKESSON



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
5	1 6 1 (specify)	7	(specify)
Wholesale Chemical Distributor			
C. THIRD		D. FOURTH	
7	(specify)	7	(specify)

## VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
VAN WATERS & ROGERS, INC.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)		A 2 0 6 4 4 7 5 9 0 9	
E. STREET OR P.O. BOX			
1 6 0 0 NORTON BUILDING			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
B SEATTLE		WA	9 8 1 0 4
		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9	N	9	P
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9	U	(specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9	R	(specify)	

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

As a wholesale chemical distributor, Van Waters & Rogers, Inc. distributes various chemical products. As such, we stock an average of 500 packaged chemicals at this location at any one time. The product list will vary from time to time.

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
James W. Bernard, Vice President	<i>James W. Bernard</i>	October 31, 1986

## COMMENTS FOR OFFICIAL USE ONLY

C.
----

<b>FORM 1</b> <b>GENERAL</b>	 <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">             OH D 0 0 2 8 9 9 8 4 7           </div>
<b>III. FACILITY NAME</b>  <b>V. FACILITY MAILING ADDRESS</b>  <b>VI. FACILITY LOCATION</b>	Van Waters & Rogers - Cincinnati  3025 Exon Avenue Cincinnati, OH 45241  3025 Exon Avenue Cincinnati, OH 45241	

**I. EPA I.D. NUMBER**  
 FO H D 0 0 2 8 9 9 8 4 7

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		XX		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		XX		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	XX			F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		XX		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		XX		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP VAN WATERS & ROGERS - CINCINNATI

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 BYERS IVAN MANAGER	5 1 3 5 6 3 2 4 4 0

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX	
3 3 0 2 5 EXON AVENUE	
B. CITY OR TOWN	C. STATE D. ZIP CODE
4 CINCINNATI	OH 4 5 2 4 1

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 3 0 2 5 EXON AVENUE	
B. COUNTY NAME	
HAMILTON	
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE (if known)
6 CINCINNATI	OH 4 5 2 4 1



EPA Form 3510-3 (6-80)

Continued from the front.

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY															
W 0 H D 0 0 2 8 9 9 8 4 7 1													W DUP 2 DUP															
DESCRIPTION OF HAZARDOUS WASTES (continued)																												
Z 12	A. EPA HAZARD WASTE NO (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES																	
											1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (If a code is not entered in D(1))									
	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	F	0	0	1						S	0	1																
2	F	0	0	2						S	0	1																
3	F	0	0	3						S	0	1																
4																												
5	F	0	0	5						S	0	1																
6																												
7																												
8																												
9																												
10																												
11																												
12																												
13																												
14																												
15																												
16																												
17																												
18																												
19																												
20																												
21																												
22																												
23																												
24																												
25																												
26																												



**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F 0 H D 0 0 2 8 9 9 8 4 7 1 6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**I. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

3 9 1 5 0 3 0

LONGITUDE (degrees, minutes, &amp; seconds)

0 8 4 2 5 0 1 6

**VIII. FACILITY OWNER**☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E Van Waters &amp; Rogers, Inc.

2 0 6 - 4 4 7 - 5 9 0 9

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 1600 Norton Building

G Seattle

WA

9 8 1 0 4

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

James W. Bernard, Vice President

J W Bernard

October 31, 1986

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

James W. Bernard, Vice President

J W Bernard

October 31, 1986

V. FACILITY DRAWING (see page 4)

DSW, INC.  
1600 NORTON BUILDING  
SEATTLE, WASHINGTON 98104  
TELEPHONE (206) 447-5909

September 25, 1986

Director  
Attn: David Mentzer  
Ohio EPA/Solid & Haz. Waste Mgmt.  
361 E. Broad Street  
Columbus, OH 43216

RECEIVED

OCT 01 1986

U.S. EPA REGION V  
G. TSD, PA

Re: EPA I.D. Nos. OHD002899847 and OHD0071107791  
McKesson - Cincinnati and Cleveland  
Request for Transfer of Interim Status/Permit

Dear Sir or Madam:

Accompanying this letter is an application by DSW, Inc., a Washington corporation ("DSW"), for the transfer to DSW of the hazardous waste storage permit or interim status standing referenced above which is now held by McKesson Chemical Company, a division of McKesson Corporation ("McKesson Chemical"). Also enclosed are fully executed Form(s) 8700-12 whereby the generator and transporter numbers assigned to the above facilit(ies) would be reassigned to DSW.

DSW has entered into an Asset Purchase and Sale Agreement dated as of September 19, 1986 (the "Agreement") whereby DSW will acquire substantially all of the assets of McKesson Chemical, including the assets and business comprising the above facilit(ies). The Agreement provides that the hazardous waste storage permits, along with responsibility for complying with all applicable federal and state requirements, are to be transferred to DSW, subject, of course, to the approval of all applicable governmental agencies.

The closing of the acquisition (the "Closing") is scheduled to take place on October 24, 1986. We request that you process the accompanying application for transfer as soon as reasonably possible so that the transfer can take place concurrently with the closing. We request, however, that the final transfer not take place until you have been notified by us that the Closing has occurred.

No action taken pending  
notification of final  
transfer 10-30-86  
Sgt

September 25, 1986

Page 2

At the Closing, DSW will become a wholly-owned subsidiary of Univar Corporation, a Delaware corporation ("Univar"). DSW will operate its facilities under the name Van Waters & Rogers, which is an existing chemical distribution division of Univar. The common stock of Univar is listed on the New York Stock Exchange. Univar's Annual Report for the fiscal year ended February 28, 1986 is one of the documents accompanying this letter.

Following the Closing, the operations, policies and personnel at the above facilities will continue unchanged until DSW/Univar has completed an analysis of where changes should occur. Accordingly, we have based our application for transfer upon the previously-filed applications of McKesson Chemical. We will under separate cover send to you DSW/Univar's demonstration of its financial responsibility for closure costs and for liability for sudden accidental occurrences.

In order to assist you in the requested transfer, we are enclosing an additional, highlighted, copy of the application(s), indicating where changes have been made from the application(s) which McKesson Chemical has on file with you in respect to the above facilit(ies). We hope that this procedure will enable you to expedite the processing of the transfer. We will, of course, comply with all applicable requirements for notification, modification of applications or permits, etc., should we make any substantial changes in the operations at the facility.

We have also included a letter from McKesson Chemical which confirms the execution of the Agreement and requests that McKesson Chemical's interim status standing or permit for the above facilit(ies) be transferred to DSW, subject to further notification that the Closing has taken place. McKesson Chemical acknowledges that it will continue to be responsible under the interim status standing or permit until the transfer has been officially approved by you. McKesson Chemical has advised DSW, Inc. in writing of the applicable law governing hazardous waste storage at the above facilit(ies).

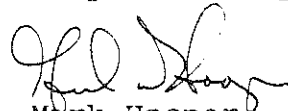


September 25, 1986  
Page 3

Throughout the period prior to the Closing, McKesson Chemical personnel will be cooperating with us in the transfer of the interim status or permit. A representative of DSW/Univar or McKesson Chemical will be calling you soon in order to confirm that this letter has been received by you and to determine whether you require any additional information in order to complete the transfer process.

Thank you very much for your early attention to this matter.

Very sincerely yours,

  
Mark Hooper  
President

Enclosures

cc: RCRA Officer  
U.S. EPA Region V

**McKesson**

September 24, 1986

RECEIVED

OCT 01 1986

SWD - AID  
U.S. EPA REGION 4

Director  
Attn: David Mentzer  
Ohio EPA/Solid & Haz. Waste Mgmt.  
361 E. Broad Street  
Columbus, OH 43216

Re: EPA I.D. Nos. OHD002899847 and OHD0071107791  
McKesson - Cincinnati and Cleveland  
Request for Transfer of Interim Status/Permit

Dear Sir or Madam:

McKesson Chemical Company hereby requests that you commence the process of transferring its interim status standing and/or modify its outstanding hazardous waste storage permit(s) for the above facilit(ies) so as to indicate that DSW, Inc., a Washington corporation ("DSW") is the owner or operator of such facilit(ies), effective at such time as you have been notified that the Closing described below has occurred. We also request that you transfer the generator and transporter identification numbers for the above facilit(ies) to DSW, effective as of the date you are notified that the Closing has occurred. This letter is being submitted concurrently with the applications of DSW for such modification(s) and such transfers.


McKesson Corporation, a Maryland corporation of which McKesson Chemical Company is a division, has entered into an Asset Purchase and Sale Agreement dated as of September 19, 1986 (the "Agreement") whereby McKesson Corporation will sell substantially all of the assets and business of McKesson Chemical Company to DSW. DSW will be a wholly-owned subsidiary of Univar Corporation, a Delaware corporation. The Agreement provides that the hazardous waste storage permits, along with responsibility for complying with all applicable federal and state requirements, are to be transferred to DSW, subject, of course, to the approval of all applicable governmental agencies.

September 24, 1986  
Page 2

The closing of the sale (the "Closing") is currently scheduled to take place on October 24, 1986. We are asking you to begin as soon as you conveniently can to process the accompanying application for transfer, however we also request that the transfer not take place until you have been notified by us that the Closing has occurred.

Thank you very much for your attention to this matter.

Very sincerely yours,



JON W. d'Alessio  
Vice President  
McKesson Chemical Group

Enclosures

cc: RCRA Officer  
U.S. EPA Region V

FORM  
**1**  
GENERAL



U.S. ENVIRONMENTAL PROTECTION AGENCY

**GENERAL INFORMATION**

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FOHD071107791

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

I. EPA I.D. NUMBER

0 H D 0 7 1 1 0 7 7 9 1

III. FACILITY NAME

Van Waters & Rogers -- Cleveland/ Bdfd Hgts.

V. FACILITY MAILING ADDRESS

26601 Richmond Road  
Bedford Heights OH 44146

VI. FACILITY LOCATION

26601 Richmond Road  
Bedford Heights OH 44146

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP VAN WATERS & ROGERS -- BEDFORD HEIGHTS

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	MOLL CLIFF MANAGER	216	292 7500

**V. FACILITY MAILING ADDRESS**

3 26601 RICHMOND ROAD

B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	BEDFORD HEIGHTS	OH	44146

**VI. FACILITY LOCATION**

5 26601 RICHMOND ROAD

B. COUNTY NAME  
SUMMIT

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 BEDFORD HEIGHTS	OH	44146	



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
5	1	6	1	(specify)	7		(specify)
Distribution							
C. THIRD				D. FOURTH			
7				(specify)	7		(specify)

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
D S W, I N C dba V A N W A T E R S & R O G E R S												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P		A		2 0 6 4 4 7 5 9 0 9	
E. STREET OR P.O. BOX													
1 6 0 0 N O R T O N B U I L D I N G													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
S E A T T L E						W A		9 8 1 0 9		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9 N						9 P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9 U						(specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9 R						(specify)					

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nationwide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers be for being distributed to a customer by our branch.

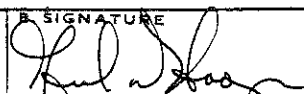
## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME &amp; OFFICIAL TITLE (type or print)

MARK HOOPER, PRESIDENT

SIGNATURE



SEPT. 22, 1986

## COMMENTS FOR OFFICIAL USE ONLY

--	--	--	--	--	--	--	--	--	--	--	--

<b>FORM</b> <b>3</b> <b>RCRA</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           8 0 H D 0 7 1 1 0 7 7 9 1         </div>
----------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

- ☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☒ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	2	04

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY
8	2	01

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

- ☐ 1. FACILITY HAS INTERIM STATUS

- ☐ 2. FACILITY HAS A RCRA PERMIT

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE CODE</b>
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

D U P									
T/A C									
1									
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1		6600 G			7				
		in 55 gal. drums	G		8				
3					9				
4					10				

**III. PROCESSES (continued)**C. SPACE FOR ADDITIONAL PROCESS CODE. R FOR DESCRIBING OTHER PROCESSES (code " "). FOR EACH PROCESS ENTERED HERE  
INCLUDE DESIGN CAPACITY.**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS.....P  
TONS.....T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS.....K  
METRIC TONS.....M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES							
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)												FOR OFFICIAL USE ONLY											
<div style="display: flex; justify-content: space-between;"> <span>W 0 H D 0 7 1 1 0 7 7 9 1</span> <span>T/A C 1</span> </div>												<div style="display: flex; justify-content: space-between;"> <span>W</span> <span>DUP</span> <span>T/A C 2 DUP</span> </div>											

**V. DESCRIPTION OF HAZARDOUS WASTES (continued)**

WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))							
				27 - 28				27 - 28				27 - 28				27 - 28			
1	F 0 0 1	635,000	P	S	0	1													
2	F 0 0 2	80,000	P	S	0	1													
3	F 0 0 3	120,000	P	S	0	1													
4	F 0 0 4	150,000	P	S	0	1													
5	F 0 0 5	50,000	P	S	0	1													
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			
17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

F 0 H D 0 7 1 1 0 7 7 9 1 1 6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4 1 2 4 0 4 5

8 1 2 9 0 0 1

**VIII. FACILITY OWNER**
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E D S W., I N C. (To be a subsidiary of Univac Corporation)

2 0 6 - 4 4 7 - 5 9 0 9

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 1 6 0 0 N O R T O N B L D G.

G S E A T T L E

W A

9 8 1 0 4

**IX. OWNER CERTIFICATION**

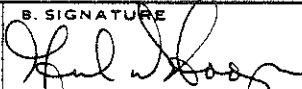
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

MARK HOOPER, PRESIDENT



SEPT. 22/1986

**X. OPERATOR CERTIFICATION**

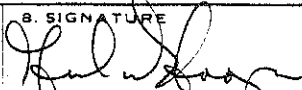
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

MARK HOOPER, PRESIDENT



SEPT. 22/1986

V. FACILITY DRAWING (see page 4)



DSW, INC.  
1600 NORTON BUILDING  
SEATTLE, WASHINGTON 98104

RCRA Officer  
U.S. EPA, Region V  
P.O. Box A357  
230 South Dearborn Street  
Chicago, IL 60604

File  
5HS-JCK-13

2 OF 2

Re: Freedom of Information Act Request  
RIN 11-85

Dear Mr. Sakata:

This is in response to your Freedom of Information Act request received January 7, 1985, in which you asked for Part A's for a number of facilities. Enclosed please find the requested copies for the following facilities:

Alchemtron  
OH0000569438 16 pp.

Liberty Solvents & Chemical Co.  
OH0052324548 7 pp.

Mukill Chemical Corp.  
OH0001926740 8 pp.

Chemtron Corporation  
OH0066060609 8 pp.

Chemical Solvents, Inc.  
OH0052937885 29 pp.

Detrex Chemical Industries  
OH0080158102 8 pp.

McKesson Chemical Co. ✓  
OH0071107791 10 pp.

With regard to the rest of your list, we have no information on Ashland Chemical Company in Garfield Heights. North East Chemical Corp., CHEM-CENTRAL-Cleveland and Cuyahoga Chemical have submitted notifications but not Part A's.

Enclosed is a bill of Collection on which the fees for this request have been itemized. Please return the top portion of the billing form with your check or money order in the amount of \$17.90, payable to the U.S. Environmental Protection Agency and forward your remittance to the address listed on the billing form. Payment is due within 30 days.

Please contact Ms. Augusta Bloom, of my staff at (312) 896-4186, if you have questions or need further assistance.

Sincerely,

Basil G. Constantelos, Director  
Waste Management Division

Enclosures

cc: OEPA  
all facilities

bcc: N. Sullivan, SPA  
C. Kavcic, SH  
H. Norman, SMF  
D. Banaszek, SHS

SH:HS:A.BLOOM:ab:1/11/85



<b>FORM</b> <b>1</b> <b>GENERAL</b>		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;">             F 0 H D 0 7 1 1 0 7 7 9 1           </div>
<b>LABEL ITEMS</b>		<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER II. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="font-size: 1.2em; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> </div>	

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility <del>XXX</del> store, <del>XXXXXXX</del> <del>XXXXXXX</del> hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

C 1	SKIP	MCKESSON CHEMICAL COMPANY
--------	------	---------------------------

**IV. FACILITY CONTACT**

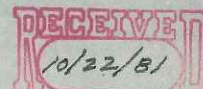
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
C 2	GIRMAN ROBERT A MANAGER	216	292 7500

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX			
C 3	26601 RICHMOND ROAD		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
C 4	BEDFORD HEIGHTS	OH	44146

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
C 5	26601 RICHMOND ROAD		
B. COUNTY NAME			
C 6	CUIAHOGA	D. STATE	E. ZIP CODE
C 6	BEDFORD HEIGHTS	OH	44146
F. COUNTY CODE (if known)			





## VIII. OPERATOR INFORMATION

**C. STATUS OF OPERATOR** (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

### X. EXISTING ENVIRONMENTAL PERMITS

### B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

## XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80)



FORM <b>3</b> RCRA		ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER														
			S F 0 H D 0 7 1 1 0 7 7 9 1 T/A C 1														
			1 2 13 14 15														

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		2. NEW FACILITY (Complete item below.)	
<input type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		<input type="checkbox"/> 71	
C YR. MO. DAY 8 6 3 0 3 0 1 15 73 74 75 76 77 78		FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	
B. REVISED APPLICATION (place an "X" below and complete Item I above)		2. FACILITY HAS A RCRA PERMIT	
<input checked="" type="checkbox"/> 72 FACILITY HAS INTERIM STATUS		<input type="checkbox"/> 72	

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C													T/A	C
1	2	13 14 15													1
LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY						
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)							
X-1	S 0 2	600	G		5										
X-2	T 0 3	20	E		6										
1	S 0 1	6600G in 55 gal. drums	G		7										
					8										
3					9										
4					10										
16	18	19	27	28	29	32	16	18	19	27	28	29	32		



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
S W 0 H D 0 7 1 1 0 7 7 9 1 T/A C 1													S W DUP T/A C 2 DUP														
1 2 13 14 15													1 2 13 14 15 23 - 26														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)																							
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																							
23	26	27	35	36	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29	27 - 29
1	F 0 0 1	635,000	P		S 0 1																						
2	F 0 0 2	80,000	P		S 0 1																						
3	F 0 0 3	120,000	P		S 0 1																						
4	F 0 0 4	150,000	P		S 0 1																						
5	F 0 0 5	50,000	P		S 0 1																						
6																											
7																											
8																											
9																											
10																											
11																											
12																											
13																											
14																											
15																											
16																											
17																											
18																											
19																											
20																											
21																											
22																											
23																											
24																											
25																											
26																											



**IV. DESCRIPTION OF HAZARDOUS WASTES** (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S	F	0	H	D	0	7	1	1	0	7	7	9	1	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

4	1	2	4	4	5
65	66	67	68	69	71

LONGITUDE (degrees, minutes, &amp; seconds)

8	1	2	9	0	1
72	74	75	76	77	79

**VIII. FACILITY OWNER**
☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

Bankers Trust Company																			
3. STREET OR P.O. BOX												4. CITY OR TOWN				5. ST.		6. ZIP CODE	
Church Street Station P. O. Box 1980												New York				N Y		1 0 0 0 8	

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

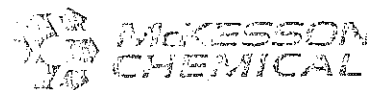
M. A. Minor  
Regional Vice Presiden



9/9/81



McKesson Chemical Company  
Foremost-McKesson  
Chemical Group  
Eastern Region  
136 Summit Avenue  
Montvale, NJ 07645  
201 573 9480



March 8, 1981

USEPA Region V  
230 South Dearborn Street  
Chicago, Illinois 60604

Gentlemen:

On November 18 we filed with your office a modified Notification of Hazardous Waste Activity for our facility in Bedford Heights (Cleveland) OH, extending our original registration to include a storage facility. The second Notification acknowledged certain items of information were missing, and we now include these: facility drawing, photographs, geographical location.

We appreciate your acceptance of our delay, and continue to stand ready to meet your requirements.

Our responsible contact at the facility continues to be R. A. Girman.

Please change our telephone number under VIII-D to (415) 983-8300.

Sincerely,

McKESSON CHEMICAL COMPANY

A handwritten signature in dark ink, appearing to read "D. M. Black".

D. M. Black  
Regional Operations/Safety Manager

DMB:jh

cc: J. P. Hobe  
L. R. Vilotti



<b>FORM 1</b> <b>GENERAL</b>	 <b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">8</td> <td style="width:10%;">9</td> <td style="width:10%;">10</td> <td style="width:10%;">11</td> <td style="width:10%;">12</td> <td style="width:10%;">13</td> <td style="width:10%;">14</td> <td style="width:10%;">15</td> <td style="width:10%;">16</td> <td style="width:10%;">17</td> <td style="width:10%;">18</td> <td style="width:10%;">19</td> </tr> <tr> <td>F</td><td>0</td><td>H</td><td>D</td><td>0</td><td>7</td><td>1</td><td>1</td><td>0</td><td>7</td><td>7</td><td>9</td><td>1</td> </tr> <tr> <td colspan="11"></td> <td style="text-align: center;">T/A/C</td> </tr> <tr> <td colspan="11"></td> <td style="text-align: center;">D</td> </tr> </table>	8	9	10	11	12	13	14	15	16	17	18	19	F	0	H	D	0	7	1	1	0	7	7	9	1												T/A/C												D	<div style="border: 1px solid black; padding: 20px; min-height: 150px;"> <b>PLEASE PLACE LABEL IN THIS SPACE</b> </div>	<b>GENERAL INSTRUCTIONS</b> If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.
8	9	10	11	12	13	14	15	16	17	18	19																																										
F	0	H	D	0	7	1	1	0	7	7	9	1																																									
											T/A/C																																										
											D																																										

<b>II. POLLUTANT CHARACTERISTICS</b> <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.											
SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED				
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X					
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X					
E. Does or will this facility <del>store, process or</del> store, process or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X					
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X					
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X					

<b>III. NAME OF FACILITY</b>											
1	SKIP	MCKESSON CHEMICAL COMPANY									

<b>IV. FACILITY CONTACT</b>											
A. NAME & TITLE (last, first, & title)								B. PHONE (area code & no.)			
2	MOLL CLIFF BRANCH MANAGER							216	292	7500	

<b>V. FACILITY MAILING ADDRESS</b>											
A. STREET OR P.O. BOX											
3	26601 RICHMOND ROAD										
B. CITY OR TOWN								C. STATE		D. ZIP CODE	
4	BEDFORD HEIGHTS							OH	44146		

<b>VI. FACILITY LOCATION</b>											
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER											
5	26601 RICHMOND ROAD										
B. COUNTY NAME										C. CITY OR TOWN	
CUYAHOGA											
D. STATE					E. ZIP CODE			F. COUNTY CODE (if known)			
OH					44146						



## VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C	4 1 5	9 8 3	8 3 0 0
S = STATE	O = OTHER (specify)	A		A			
P = PRIVATE		15		15	96 - 88	99 - 99	22 - 25

F. CITY OR TOWN															G. STATE		H. ZIP CODE		IX. INDIAN LAND	
S A N F R A N C I S C O															C A		9 4 1 0 4		Is the facility located on Indian lands?	
																			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS															
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)					
C	T	I								C	T	I			
9	N									9	P				
15	16	17	18					30	15	16	17	18			30
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)					
C	T	I								C	T	I			
9	U									9					
15	16	17	18					30	15	16	17	18			30
C. RCRA (Hazardous Wastes)										E. OTHER (specify)					
C	T	I								C	T	I			
9	R									9					
15	16	17	18					30	15	16	17	18			30

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.


XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nationwide distributor of chemicals at this branch.

Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch.

**XIII. CERTIFICATION** (see instructions)

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<b>A. NAME &amp; OFFICIAL TITLE</b> <i>(type or print)</i> R. R. Powell Regional Vice President	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 11/30/91
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------	-----------------------------------

COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
SS	



398

**FORM 1**  
**GENERAL**

**EPA**

**ENVIRONMENTAL PROTECTION AGENCY**  
**GENERAL INFORMATION**  
*Consolidated Permits Program*  
(Read the "General Instructions" before starting.)

**I. EPA I.D. NUMBER**

**III. FACILITY NAME**

**V. FACILITY MAILING ADDRESS**

**VI. FACILITY LOCATION**

**PLEASE PLACE LABEL IN THIS SPACE**

**I. EPA I.D. NUMBER**

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		✓		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		✓	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		✓		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		✓	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	✓			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		✓	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		✓		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		✓	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		✓		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		✓	

**III. NAME OF FACILITY**

**1 SKIP** Mc Kesson Chemical Company

**IV. FACILITY CONTACT**

**A. NAME & TITLE (last, first, & title)** G irman Robert A Manager

**B. PHONE (area code & no.)** 2 1 6 2 9 2 7 5 00

**V. FACILITY MAILING ADDRESS**

**A. STREET OR P.O. BOX** 26 60 1 Richmond Road

**B. CITY OR TOWN** Bedford Heights

**C. STATE** OH

**D. ZIP CODE** 4 4 1 4 6

**VI. FACILITY LOCATION**

**A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER** 2 6 6 0 1 Richmond Road

**B. COUNTY NAME** Cui ahoga

**C. CITY OR TOWN** Bedford Heights

**D. STATE** OH

**E. ZIP CODE** 4 4 1 4 6

**F. COUNTY CODE (if known)** 035

NOV 19 1980



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	5	16	1	(specify)	C	7
15	16	17	18			15	16
C. THIRD				D. FOURTH			
C	7			(specify)	C	7	
15	16	17	18		15	16	17

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?																				
C	8	F	o	r	e	m	o	s	t	M	c	K	e	s	s	o	n	C	h	e	m	i	c	a	l	C	o	m	p	a	n	y	66	YES	NO
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)																				
F = FEDERAL S = STATE P = PRIVATE															M = PUBLIC (other than federal or state) O = OTHER (specify)																				
P															415 983 7500																				
E. STREET OR P.O. BOX																																			
O n e P o s t S t r e e t																																			
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND										
B S a n F r a n c i s c o															C A					94104					Is the facility located on Indian lands? YES NO										
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50															51					52															

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																				
C	9	N														C	9	P																	
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																				
C	9	U														C	9																		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																				
C	9	R														C	9																		
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9B/50

F9A/50

## XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nation wide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch.

F9A/51

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
J. P. Hobe Vice-President																														11-18-80									

## COMMENTS FOR OFFICIAL USE ONLY

C																																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50



FOR <b>3</b> RCRA	<b>EPA</b>	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER S F 04D07110779131
-------------------------	------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
83	03	01

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	DUP	T/A	C	3	1			
1	2		13	14	15				
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	200	G		5				
X-2	S02	400	G		6				
1	S01	550	G		7				
	T01	20	U		8				
3					9				
4					10				



**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

398

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 04D 711 7791 3 1													W DUP 3 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
A. EPA HAZARD. WASTE NO. (enter code)		B. ESTIMATED ANNUAL QUANTITY OF WASTE										C. UNIT OF MEASURE (enter code)		D. PROCESSES											
														1. PROCESS CODES (enter)											
														2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
1	F001	43 000										T	S01												
2	D002	52000										T	T01												
3		226 000																							
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									



## IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	F	0	4	D	6	7	1	1	9	7	7	9	1	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6A/55

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6A/56

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	1	2	5	0	0	0
65	66	67	68	69	70	71

0	8	1	3	0	0	0
72	73	74	75	76	77	78

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

J. P. Hobe  
Regional Vice President



11-18-80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

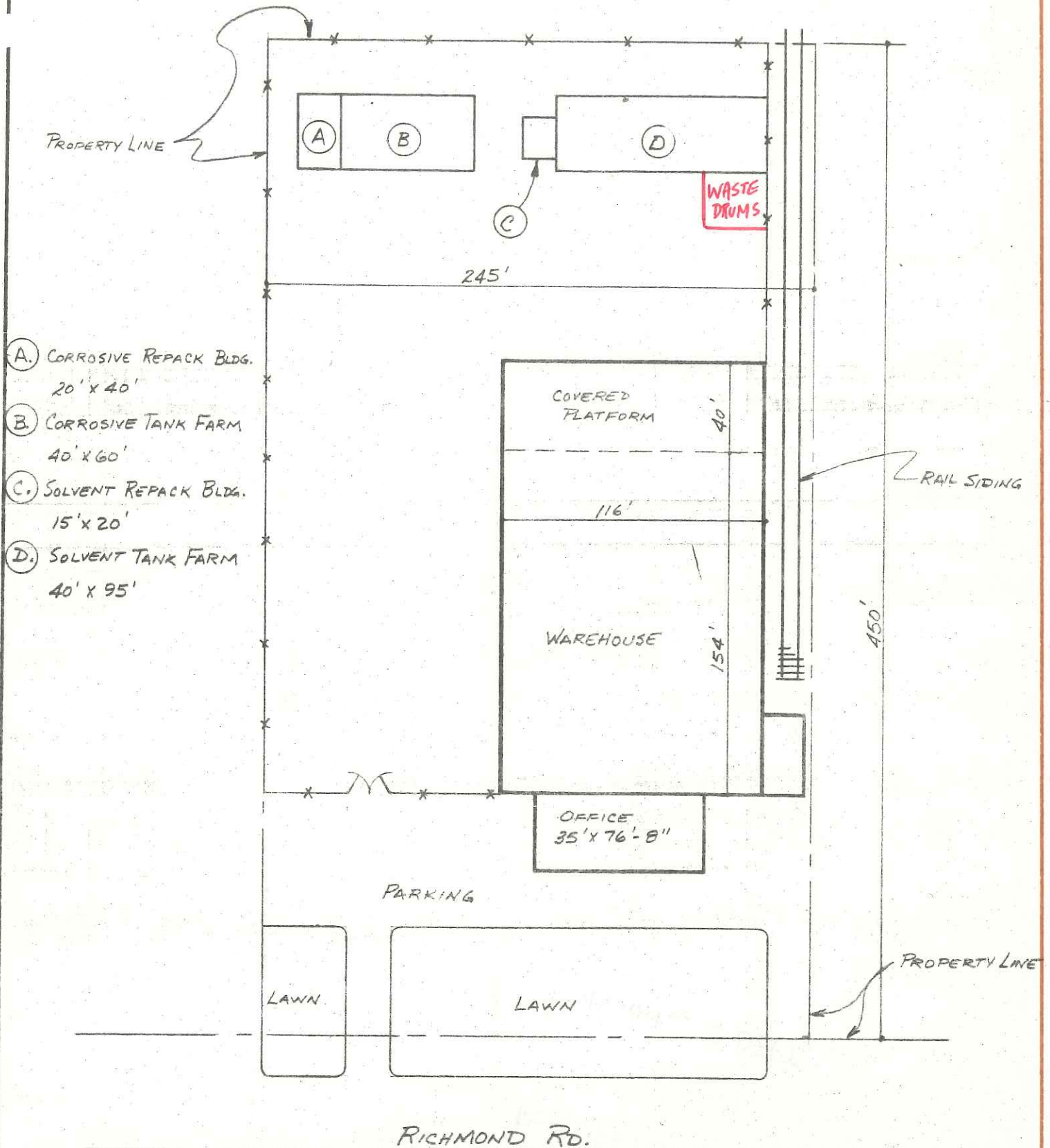
C. DATE SIGNED

J. P. Hobe  
Regional Vice President



11-18-80

## V. FACILITY DRAWING (see page 4)



SCALE 1" = 60'

McKesson Chemical Co.  
 26601 RICHMOND RD.  
 BEDFORD Hgts., OHIO 44146



FORM 3 RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER			
FOR OFFICIAL USE ONLY		APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)			
II. FIRST OR REVISED APPLICATION		Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.					
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)		1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)		2. NEW FACILITY (Complete item below.)			
C 8		YR. 63 MO. 03 DAY 01		YR. MO. DAY			
B. REVISED APPLICATION (place an "X" below and complete Item I above)		1. FACILITY HAS INTERIM STATUS		2. FACILITY HAS A RCRA PERMIT			
III. PROCESSES - CODES AND DESIGN CAPACITIES		A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).		B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.			
1. AMOUNT - Enter the amount.		2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS		PRO-CESS CODE		APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY			
Storage:		CONTAINER (barrel, drum, etc.)		S01 GALLONS OR LITERS			
TANK		S02 GALLONS OR LITERS					
WASTE PILE		S03 CUBIC YARDS OR CUBIC METERS					
SURFACE IMPOUNDMENT		S04 GALLONS OR LITERS					
Disposal:		INJECTION WELL		D79 GALLONS OR LITERS			
LANDFILL		D80 ACRE-Feet (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER					
LAND APPLICATION		D81 ACRES OR HECTARES					
OCEAN DISPOSAL		D82 GALLONS PER DAY OR LITERS PER DAY					
SURFACE IMPOUNDMENT		D83 GALLONS OR LITERS					
Treatment:		TANK		T01 GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT		T02 GALLONS PER DAY OR LITERS PER DAY					
INCINERATOR		T03 TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR					
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		T04 GALLONS PER DAY OR LITERS PER DAY					
UNIT OF MEASURE		UNIT OF MEASURE CODE		UNIT OF MEASURE			
GALLONS		G		ACRE-Feet		A	
LITERS		L		HECTARE-METER		F	
CUBIC YARDS		Y		ACRES		B	
CUBIC METERS		C		HECTARES		Q	
GALLONS PER DAY		U					
LITERS PER DAY		V					
TONS PER HOUR		D					
METRIC TONS PER HOUR		W					
GALLONS PER HOUR		E					
LITERS PER HOUR		H					
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.							
S		T/A C					
C		DUP					
1 2		13 14 15					
LINE NUMBER		A. PRO-CESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	
1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)					
X-1		S 0 2		600		G	
X-2		T 0 3		20		E	
1		S 0 1		6050		G	
				in 55 gal. drums			
3							
4							
16 - 18 19		27		28		29 - 32	
16 - 18 19		27		28		29 - 32	



**III. PROCESSES** (continued)

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS. . . . . P  
 TONS. . . . . T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS. . . . . K  
 METRIC TONS. . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

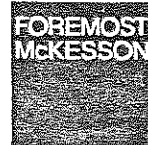
1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



November 20, 1980



EPA Region V  
RCRA Activities  
P O BOX 7861  
Chicago, IL 60680

Re: McKesson Chemical Company's Listing for  
RCRA OMB #158-S79016

Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facilities at Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin Branches.

In that Notification, we advised that the facility would act as a transporter and or generator of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accommodation to our customers it is our intent to, from time to time, pick up several drums of material from our customer's facility that would fit the classification of a hazardous waste. We would transport this material to a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

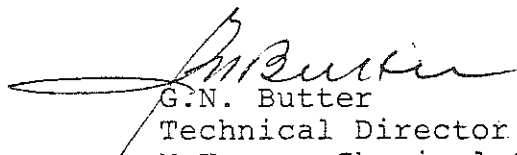
We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.

Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you. We respectfully ask that this letter be accepted as an amendment to our Notification. We have prepared the permit application for the November 19th filing.

In addition, we have corrected the address number for our facility at Dolton, Illinois, and waste codes handled at our Rockford, Illinois Branch. Two facilities listed in the August filing; Decatur and Bartonville, Illinois, have been closed. Their operations have been transferred to the Normal, Illinois McKesson location.

We would ask acknowledgement of your acceptance of these amendments and changes. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind cooperation.

Respectfully,

  
G.N. Butter  
Technical Director  
McKesson Chemical Co.

GNB:lc

Enclosure

ACCEPTED:

Environmental Protection Agency  
Region \_\_\_\_\_

By: \_\_\_\_\_



Foremost-McKesson  
Chemical Group

McKesson Chemical Company  
Eastern Region  
136 Summit Avenue  
Montvale, NJ 07645  
201 573 9480

John P. Hobe  
Regional Vice President



November 18, 1980

EPA Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, IL 60680

*Sub. 2*

Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facility at Cleveland, OH.

In that Notification we advised the facility would act as a generator and transporter of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accomodation to our customers it is our intent to, from time to time, pick up a few drums of material from our customer's facility that would fit the classification of a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.

~~04D077775039 X~~

~~04D002899847 ✓~~

~~04D000780338~~

~~04D039991690 ✓~~

04D 071107791 ✓

NOV 19 1980

FOREMOST  
McKESSON

November 18, 1980  
Page 2

Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you and the filing of a Part A permit application. We respectfully ask that this letter be accepted as an amendment to our Notification. We acknowledge certain items of information are missing (e.g. facility drawings, photographs, and geographic location), and will forward them as soon as they are obtained.

We would ask acknowledgement of your acceptance of this amendment. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind cooperation.

Respectfully,

McKESSON CHEMICAL COMPANY




J. P. Hobe  
Regional Vice President

Enclosure

ACCEPTED:

Environmental Protection Agency  
Region IV

By:



Margaret M. Lukas  
10/24/80



McKesson Chemical Company  
Eastern Region  
136 Summit Avenue  
Montvale, NJ 07645  
201 573 9480

John P. Hobe  
Regional Vice President



November 18, 1980

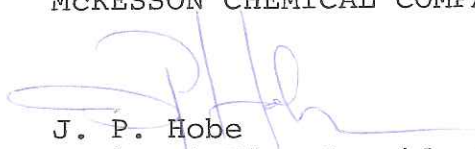
EPA Region V  
RCRA Activities  
P. O. Box 7861  
Chicago, IL 60680

Gentlemen:

In reviewing waste activities at our Taylor, MI, and Cincinnati, OH, location, we find it necessary to amend our original August 18th listing. To this end, enclosed are Forms 1 and 3 (Part A) describing the activities.

Sincerely,

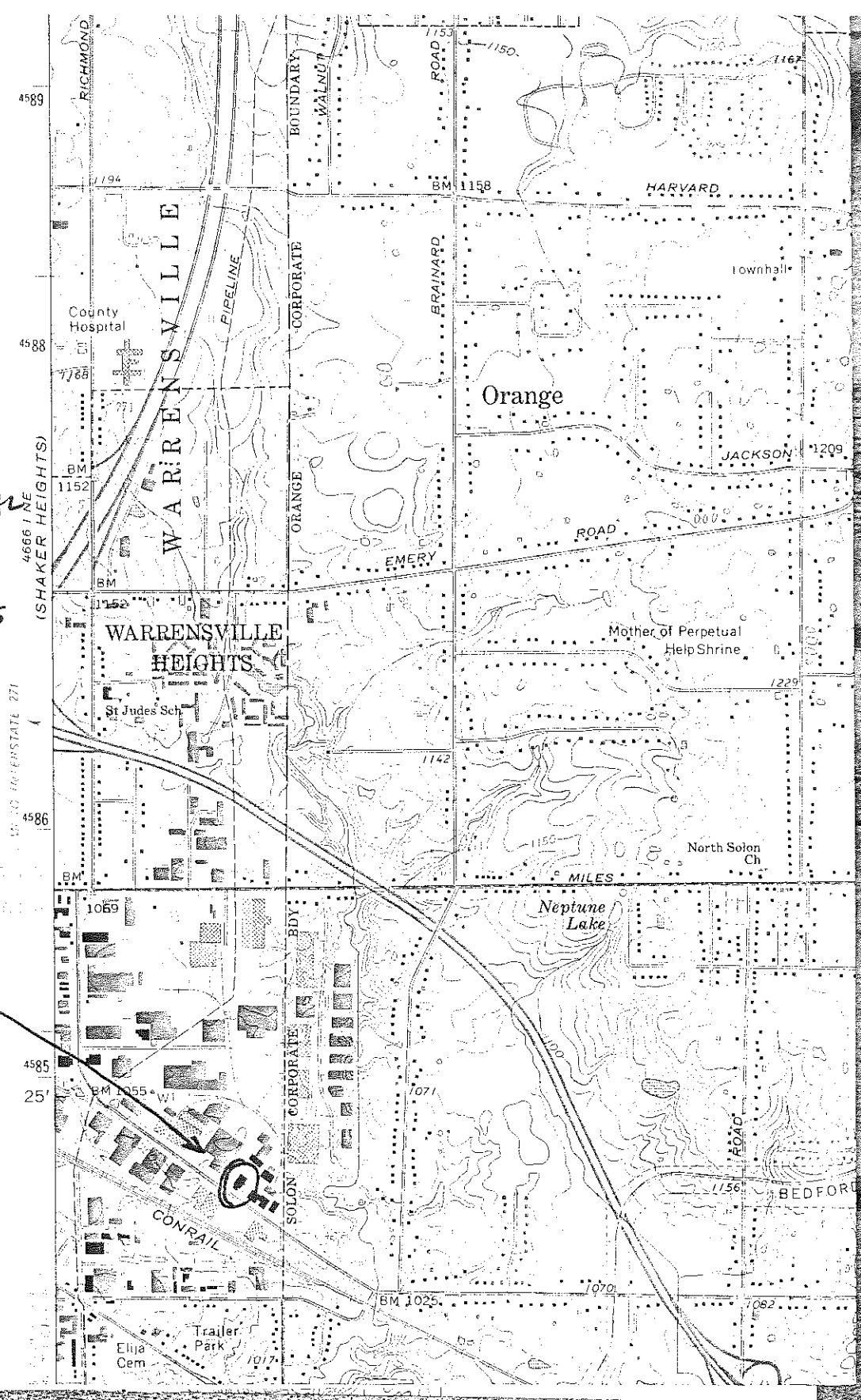
McKESSON CHEMICAL COMPANY

  
J. P. Hobe  
Regional Vice President

Enclosure

26601 Richmond Rd.  
Quakoma City  
Bedford Hts, OH 44146

McKesson Chemical  
Co  
Bedford Heights  
Ohio  
Branch





McKESSON CHEMICAL COMPANY  
Bedford Heights, OH

LOCATION OF STORAGE AREA  
FOR DRUMS OF HAZARDOUS WASTE



McKesson Chemical Company


Foremost-McKesson  
Chemical Group  
One Post Street  
San Francisco, CA 94104  
415 983 8300

FOREMOST  
McKESSON

To Whom It May Concern:

McKesson Chemical Company, which is an operating division of Foremost-McKesson, Inc., is a distributor of various chemical products for various suppliers of chemicals. It operates a large number of distribution facilities throughout the country, of which this is one. We stock an average of five-hundred (500) packaged chemical products at these locations. The products carried will vary from location to location and from time to time. It is anticipated that some or all of the products could at one time or another result in the generation of a hazardous waste and the amount generated could in one or more instances exceed the quantity limit for a small generator. Since ours is a distributing function it is impossible for us to be more specific at this time.

In addition, this particular unit is a repackager of certain chemical products which is expected to result in the generation of hazardous wastes. This is more particularly spelled out in the Notification submitted herewith.

  
G. N. Butter  
Technical Director  
McKesson Chemical Company

GNB:ks  
attachment (Form GSA No. 0246-EPA-OT)

AUG 18 1980